

PART B - FEE(S) TRANSMITTAL

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7590 03/29/2006

JUNE M. LEARN
 GRAY CARY WARE & FREIDENRICH LLP
 4365 EXECUTIVE DRIVE, SUITE 1100
 SAN DIEGO, CA 92121-2133

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Aldon Griffis	(Depositor's name)
<i>Aldon Griffis</i>	(Signature)
June 29, 2006	(Date)

07/06/2006 HGUTEMA2 00000002 09868411

01 FC:2501 700.00 OP
 02 FC:8001 30.00 OP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/868,411	06/14/2001	Ran Kornowski	23254.05	9283

TITLE OF INVENTION: INTRAMYOCARDIAL INJECTION OF AUTOLOGOUS BONE MARROW

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	06/29/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
VOGEL, NANCY S	1636	424-093700

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☒ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

DLA PIPER RUDNICK
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Myocardial Therapeutics, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

San Diego, California

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☐ Publication Fee (No small entity discount permitted)
☒ Advance Order - # of Copies Ten (10)

4b. Payment of Fee(s):

- ☒ A check in the amount of the fee(s) is enclosed. \$730.00
☐ Payment by credit card. Form PTO-2038 is attached.
☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 07-1896 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Lisa A. Haile
 Lisa A. Haile, J.D., Ph.D.

Date June 29, 2006

Typed or printed name

Registration No. 38,347

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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PATENT
Attorney Docket No.: MEDIV2010-2

THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Kornowski et al. Art Unit: 1636
Application No.: 09/868,411 Examiner: N.S. Vogel
Filed: June 14, 2001 Conf. No.: 9283
Title: INTRAMYOCARDIAL INJECTION OF AUTOLOGOUS BONE
MARROW

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Alexandria, VA 22313-1450

RESPONSE TO NOTICE OF ALLOWANCE

Sir:

In response to the Notice of Allowance mailed March 29, 2006, enclosed are the completed Issue Fee Transmittal Form PTOL-85B and Check No. 582211 in the amount of \$730.00 for the required Issue Fees and a request for Ten (10) advance patent copies.

The Commissioner is hereby authorized to charge any other fees associated with the filing submitted herewith, or credit any overpayments, to Deposit Account No. 07-1896.

Respectfully submitted,

Date: June 29, 2006

Lisa A. Haile, J.D., Ph.D.
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Telephone: (858) 677-1456
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CERTIFICATION UNDER 37 CFR §1.8

I hereby certify that the documents referred to as enclosed herein are being deposited with the United States Postal Service as first class mail on this date, **June 29, 2006**, in an envelope addressed to: Mail Stop ISSUE FEE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Aldon Griffis

(Name of Person Mailing Paper)

(Signature)

June 29, 2006

(Date)